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Application Number	10/687,848
Filing Date	10/17/2003
First Named Inventor	Ginn, Richard S.
Art Unit	3731
Examiner Name	Dawson, Glenn K.
Attorney Docket Number	937.04

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Signature / / / / / / / / / / / / / / / / / / /							
Name Thomas Pale	miol '						
Date October 12, 2			elephone	1(105)110-7			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are recuired. Submit multiple forms if more than one signature is required, see below.							
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STATEMENT UNDER 37 CFR 3.73(b)				
Applicant/Patent Owner: Ensure Medical Inc.				
Application No./Patent No./Control No.: 10/667 848 Filed/Issu	e Date: <u>:::/17/2</u> 003			
Entitled LOCATOR AND CLOSURE DEVICE AND METHOD OF USE				
Ensure Medical Inc. , a corporate (Name of Assignee) (Type of Assign				
states that it is:  1	ee: corporation, partnership, university, government egency, etc.)			
2. an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is%)				
in the patent application/patent identified above by virtue of either:				
A. An assignment from the inventor(s) of the patent application/patent ide in the United States Patent and Trademark Office at Reel original assignment is attached.	ntified above. The assignment was recorded, Frame or a true copy of the			
B. A chain of title from the inventor(s), of the patent application/patent ide	ntified above, to the current assignee as follows:			
From: Richard S. Ginn To: Ensure Media     The document was recorded in the United States Patent and Tri	cai, Inc.			
Reel <u>015214</u> , Frame <u>0564</u> , or for which	acemark Office at			
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3. From:To:				
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Additional documents in the chain of title are listed on a supplement				
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the charassignee was, or concurrently is being, submitted for recordation pursual [NOTE: A separate copy (i.e., a true copy of the criginal assignment documents of the characteristic of the character	ant to 37 CFR 3.11.			
The undersigned (whose title is supplied below) is authorized to act on behalf	]			
	Cc:ober 12, 2306			
Signature Thomas Palares	Date			
Thomas Palermo	(438) 745-7610			
Printed or Typed Name	Telephone Number			
Vico President of Operations	1			
Title	_			

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